

BE SAFE BOLTON STRATEGIC PARTNERSHIP

DOMESTIC HOMICIDE REVIEW

MRS MOHAMMADI

MRS AHMEDI

Executive Summary

11th July 2017

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1. INTRODUCTION

1.1 The principal people referred to in this report are:

Referred to in report as:	Relationship	Ethnic Origin
Mrs Mohammadi	Victim [deceased]	Iranian
Mrs Ahmedi	Mother of Mrs Mohammadi [deceased]	Iranian
Mr Mohammadi	Husband of Mrs Mohammadi [deceased]	Iranian
The eldest son of Mr & Mrs Mohammadi	Son of Mrs Mohammadi and Mr Mohammadi	Iranian
The younger son of Mr & Mrs Mohammadi	Son of Mrs Mohammadi and Mr Mohammadi	Iranian
Mr Mahmoodi	Brother of Mrs Mohammadi/son of Mrs Ahmedi	Iranian
Mrs Yousefi	Friend of Mrs Mohammadi	N/k
Ms Smith	Work Colleague of Mrs Mohammadi	N/k
Ms Gilani	Friend of Mrs Mohammadi	N/k
Address 1	Home of Mrs Mohammadi, Mrs Ahmedi & Mr Mohammadi	

1.2 In 2013 the fire service attended Address 1 and, after forcing entry found the bodies of Mrs Mohammadi and Mr Mohammadi in the kitchen and the body of Mrs Ahmedi upstairs.

1.3 The causes of death were established as:
Mrs Mohammadi - multiple stab wounds
Mr Mohammadi - inhalation of the products of combustion and ischaemic heart disease.
Mrs Ahmedi - inhalation of the products of combustion.

1.4 A major enquiry was conducted by Greater Manchester Police [GMP] supported by investigators from Greater Manchester Fire and Rescue Service [GMFRS] and a Forensic Scientist. The conclusion of the scientist was that the fire at Address 1 was deliberately set by an occupant of the house. Petrol was used as an accelerant in the kitchen and, in addition, the gas supply was uncoupled. Evidence was found that petrol cans and petrol had been purchased using a credit card in the name of Mr Mohammadi shortly before the fire.

- 1.5 A comprehensive file of evidence was prepared and submitted to HM Coroner who held an inquest in March 2014. GMP hypothesised that Mr Mohammadi stabbed Mrs Mohammadi and set fire to the house killing himself, his wife and his mother-in-law. The Coroner heard from friends of Mrs Mohammadi that she had told them that she wanted a divorce and one friend said that Mr Mohammadi had stated: *"If you leave me, I will kill you and myself"*.
- 1.6 The coroner told the sons of Mr & Mrs Mohammadi; *"I have been greatly impressed by the courage and dignity shown by yourselves and by the family."* An open verdict was recorded on Mr Mohammadi and unlawful killing verdicts on Mrs Mohammadi and Mrs Ahmedi.
- 1.7 GMP have recorded the incident as two murders, naming Mr Mohammadi as the person responsible. This accords with National Crime Recording Standards.

2. ESTABLISHING THE DOMESTIC HOMICIDE REVIEW [DHR]

2.1 Decision Making

2.1.1 Be Safe Bolton Strategic Partnership decided that the deaths of Mrs Mohammadi and Mrs Ahmedi met the criteria for a DHR. David Hunter was appointed as the Independent Chair and Author. He is an independent practitioner who has chaired and written previous DHRs and kindred matters. The Panel comprised of representatives from local agencies with additional independent and cultural advice provided by the Director of Operations of the Iranian and Kurdish Women's Rights Organisation.

2.2 Material Considered by the DHR Panel

2.2.1 Three agencies provided Individual Management Reviews [IMRs]. Other agencies and individuals helpfully supplied information when requested.

2.3 Notifications and Involvement of Families

2.3.1 David Hunter wrote to the eldest son of Mr & Mrs Mohammadi, the younger son of Mr & Mrs Mohammadi and Mr Mahmoodi to explain the DHR process and to determine whether they wanted to contribute. Mr Mahmoodi spoke to David Hunter on the telephone and agreed his views could be used in the review. There is a history of significant contact with the two sons of Mr & Mrs Mohammadi which is contained in a separate document provided to the Home Office.

2.3.2 Family, friends, colleagues and associates of Mrs Mohammadi have been spoken to by members of the panel and provided relevant information.

2.4 Terms of Reference

2.4.1 The purpose of a DHR is to;

- Establish what lessons are to be learned from the Domestic Homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims;
- Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result;
- Apply these lessons to service responses including changes to policies and procedures as appropriate;
- Prevent domestic violence, abuse and homicides and improve service responses for all domestic violence and abuse victims and their children through improved intra and inter-agency working.

[Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews [2013] Section 2 Paragraph 7]

2.4.2 Timeframe under Review

1st January 1978 to 9th December 2013.

2.4.3 Case Specific Terms

- i. How did agencies identify and assess the domestic abuse risk indicators in this case?
- ii. Were the risk levels agencies set appropriate and what did agencies do to keep them under review?
- iii. Was the impact of mental health issues properly assessed or suitably recognised and what action did agencies take in identifying and responding to these issues?
- iv. What focus was put on understanding Mr Mohammadi's behaviour towards Mrs Mohammadi and Mrs Ahmedi?
- v. What services did agencies provide for Mrs Mohammadi, Mrs Ahmedi and Mr Mohammadi and were they timely, proportionate and 'fit for purpose' in relation to the identified levels of risk?
- vi. How did agencies ascertain the wishes and feelings of Mrs Mohammadi and Mrs Ahmedi about their victimisation and were their views taken into account when providing services or support?
- vii. How effective were agencies in gathering and sharing relevant information and did they meet any resistance?
- viii. How did agencies take account of any racial, cultural, linguistic, faith or other diversity issues, including honour based violence, when completing assessments and providing services to Mrs Mohammadi, Mrs Ahmedi and Mr Mohammadi.
- ix. Were single and multi-agency domestic abuse policies and procedures followed including the MARAC and MAPPA protocols? Are the procedures embedded in practice and were any gaps identified?
- x. Do any agencies' policies / procedures / training require amending or new ones establishing as a result of this case?
- xi. How effective was agency supervision and management of practitioners involved with the response to needs of the victims and perpetrator and did managers have effective oversight and control of the case?

- xii. Were there any issues in relation to capacity or resources within agencies or the Partnership that affected their ability to provide services to the victim and perpetrator or to work with other agencies?

3. DEFINITIONS

- 3.1 The experiences of Mrs Mohammadi fall within the government definition of domestic violence which can be found at Appendix A.

4. BACKGROUND - Mrs Mohammadi, Mrs Ahmedi and Mr Mohammadi

4.1 Mrs Mohammadi

4.1.1 Mrs Mohammadi was born in Iran and was the daughter of Mrs Ahmedi. She moved to the UK in 1981. She met Mr Mohammadi in 1988/89 while living in London with her family. They married shortly after and had two children who are referred to in this report as the eldest son of Mr & Mrs Mohammadi and the younger son of Mr & Mrs Mohammadi.

4.1.2 At the time of her death Mrs Mohammadi lived at Address 1 with Mr Mohammadi and her, mother Mrs Ahmedi. She undertook part time employment and was studying law at Bolton University. Her first language was Farsi but she spoke and wrote english very well and acted as an interpreter.

4.2 Mrs Ahmedi

4.2.1 Mrs Ahmedi was born in Iran and was married with two children, Mrs Mohammadi and her younger brother [Mr Mahmoodi]. She came to the UK in 1983 and moved in with her daughter and son-in-law in 2013.

4.3 Mr Mohammadi

4.3.1 Mr Mohammadi was born in Iran and moved to the UK when he was a young boy. Mr Mohammadi is described as being an architect although he is believed to have been made redundant. For a period he is believed to have owned a shop.

4.4 Mrs and Mr Mohammadi's Relationship

4.4.1 Mrs and Mr Mohammadi lived at Address 1 with their sons for a number of years although both sons had left to study at university. At the time of their deaths Mrs Mohammadi, Mrs Ahmedi and Mr Mohammadi were the only known occupants and evidence emerged that the relationship between Mrs Mohammadi and Mr Mohammadi was deteriorating.

5. The Events

- 5.1 Mr Mohammadi's character is described as having changed since about 2008 when he encountered difficulties with an inheritance in Iran from his late father's estate. As a result of these issues Mr Mohammadi spent substantial periods of time in Iran.
- 5.2 Mr Mohammadi is described as having had problems for some time and of being aggressive with violent mood swings and this is believed to have impacted upon his relationships within the family. Mr Mohammadi is said to have cried for days at a time and was believed to be at breaking point and is described as using "mental torture" on Mrs Mohammadi; for example by making unkind remarks about her relationship with their children. It is known that Mrs Mohammadi told her eldest son that she was going to leave Mr Mohammadi as their relationship was going downhill and she had been looking for accommodation to rent; she had also suggested a trial separation and counselling to him.
- 5.3 Family, friends and other colleagues also provide important information as to the state of the relationship between the couple. The following paragraphs contain information drawn from conversations panel members had with friends or have been provided by GMP as part of their major incident enquiries.
- 5.4 Mrs Mohammadi had been an employee of a national retail outlet where she worked with Ms Smith who initially described herself as the 'Sales Manager' and had known Mrs Mohammadi for the previous six years. Ms Smith was aware of Mr Mohammadi's visits to Iran and Mrs Mohammadi had explained to her that she did not love her husband; that *'he brought her down'*, and Ms Smith believed that Mr Mohammadi controlled Mrs Mohammadi's life. At some point Mrs Mohammadi disclosed to Ms Smith that Mr Mohammadi had struck her. She later became aware that Mrs Ahmedi had a serious illness and was coming to stay with Mrs Mohammadi so that she could receive treatment. Ms Smith was aware of Mrs Mohammadi coming into the store about a week before the fatal fire when she spoke to another employee and was clearly upset over Mrs Ahmedi's prognosis.
- 5.5 Mrs Mohammadi also disclosed to Ms Smith that she kept a diary in which she recorded everything about her life and that Mr Mohammadi had discovered the diary. Mrs Mohammadi had said repeatedly, *"I need to leave him"* and spoke of acquiring a small bedsit so that she could look after her mother. Mrs Mohammadi told Ms Smith that she and Mr Mohammadi had been sleeping in separate beds and said she intended to speak to Mr Mohammadi about leaving.
- 5.6 The company informed the panel that they did not have a specific policy on domestic abuse. In the absence of such a policy the company said that employees were able to obtain independent advice and support on any issues, whether personal or work related, through an expert third party provider that the company has in place as part of an employee support

package. The expert third party provider provides telephone and face to face contact on a range of issues including debt advice, counselling, hardship grants, career development, retirement housing and relationships, including specifically issues relating to domestic abuse. The third party provider is promoted to employees through printed material and on the company website. When asked if this was the only response to significant personal problems such as domestic abuse the company said that a referral to "Occupational Health" would apply if the employee was absent, or had high levels of absences. Mrs Mohammadi did not have any significant absence from her work. The employee support package provided by the company is to be applauded but the benefits of this approach would be enhanced if there was further support in referring/sign-posting employees to use it.

- 5.7 Mrs Yousefi spoke to members of the DHR panel and told them she had known Mrs Mohammadi very well for a number of years. She only became aware of problems in her relationship with Mr Mohammadi about two to three years ago. In 2013 Mrs Mohammadi told Mrs Yousefi that Mr Mohammadi was physically abusing her and that he had hit her with a pan, leaving bruises and marks on her neck and a bump on her head. Mrs Mohammadi disclosed to Mrs Yousefi that there was a lot of tension over the issue of Mr Mohammadi's father's inheritance and this caused him to take out his frustration on Mrs Mohammadi.
- 5.8 Mrs Mohammadi also disclosed to Mrs Yousefi that she did not sleep well, believing that something would happen to her while she was sleeping. About a week before her death Mrs Mohammadi told Mrs Yousefi that she woke up during the night to find Mr Mohammadi standing over her in the bedroom. She also told Mrs Yousefi, in a telephone conversation, that Mr Mohammadi had begged Mrs Ahmedi to make Mrs Mohammadi stay and said to Mrs Mohammadi, *"If I can't have you no one can"*.
- 5.9 A few days before she died, Mrs Mohammadi told Mrs Yousefi that she was going to leave Mr Mohammadi. The last time Mrs Yousefi spoke to Mrs Mohammadi was the day before the fire when Mrs Mohammadi told her that she was going into Manchester the following day to look for accommodation. When asked by the panel members about the support she was able to provide to Mrs Mohammadi, Mrs Yousefi said she had advised her to leave Mr Mohammadi on a number of occasions but Mrs Mohammadi would not do so because she felt there was no point as he would find her. Mrs Yousefi encouraged Mrs Mohammadi to go to a solicitor but Mrs Mohammadi had said there was little point in doing this.
- 5.10 Mrs Yousefi felt that Mrs Mohammadi would still be alive if she had followed her advice to leave Mr Mohammadi. Mrs Yousefi has suffered anxiety and stress since Mrs Mohammadi's death. She said that Mrs Mohammadi had spoken to her GP about the family situation and the abuse she was suffering. Mrs Yousefi believes there is no support for Asian people in relation to domestic abuse and that awareness could be raised through

methods such as printing leaflets and group work sessions to improve empowerment and help build confidence.

- 5.11 Ms Gilani became friends with Mrs Mohammadi over the last few months of her life. Mrs Mohammadi told Ms Gilani that Mr Mohammadi was controlling, with mood swings and that he sometimes became angry then apologised. Ms Gilani persuaded Mrs Mohammadi to dress down at college from Iranian to western style dress. Mrs Mohammadi would change her clothes, as suggested, and then change back to Iranian dress before her husband met her at the end of the day. Mrs Mohammadi had discussed on a number of occasions threats made by Mr Mohammadi to kill her as well as himself. Mrs Mohammadi had told Ms Gilani that when she had talked to her husband about her wish to leave him he had said, "*You leave me, I will kill you and kill myself*".
- 5.12 The panel have discussed how services might be improved for friends such as Ms Gilani and Mrs Yousefi. The panel believe the experiences of Mrs Yousefi in particular illustrate the need for good, impartial advice to be available to friends and family members who receive disclosures of domestic abuse or have suspicions that it is occurring. The panel are aware of a very useful document that provides such advice produced by the Mayor of London [Greater London Authority] and believe consideration should be given to producing a local document based upon it and to include specific advice for BAMER victims [Black and Minority Ethnic communities].
- 5.13 Mr and Mrs Mohammadi's wedding anniversary was due around the time of the homicides. Mrs Mohammadi told other colleagues at work that Mr Mohammadi wanted to go on holiday to celebrate but she did not, and instead stayed at home to look after her mother. She spoke of Mr Mohammadi not wanting Mrs Ahmedi to move in with them. Mrs Mohammadi had said that she did not love Mr Mohammadi and could not stand him near her; they ate separately and she needed to leave him and find a place of her own. A person, who knew Mr Mohammadi well, described him as controlling, dominant, and a person whose word was meant to be obeyed.
- 5.14 During their investigation into the deaths of Mrs Mohammadi, Mrs Ahmedi and Mr Mohammadi, GMP recovered a diary kept by Mrs Mohammadi [referred to in para 5.5], a transcript of which was prepared and considered by the DHR panel. Sections of the diary appear to date from December 2010. It is written in the first person in English and appears to be a commentary by Mrs Mohammadi on the state of her marriage and relationship with Mr Mohammadi. While it does not contain any information to indicate that Mrs Mohammadi feared for her safety at that time, it does indicate that there were problems in their relationship which seem to be centred on Mr Mohammadi's travels to Iran and it appears to support the views expressed by other witnesses.

- 5.15 Between 2006 and 2013, Mrs Mohammadi consulted the Citizens Advice Bureau [CAB] on ten occasions for matters not related to domestic abuse. One of those contacts in 2010 concerned a separation from her husband and she was signposted to a family law drop in run by a company of solicitors. Mrs Mohammadi generally described herself to CAB as a single person and that her husband had moved abroad. The case notes do not disclose that domestic violence was a consideration. The CAB concluded there did not appear to be any grounds to involve or include another agency in her case.
- 5.16 In 2012 Mrs Mohammadi saw a consultant cardiologist at a London hospital and was asked some direct questions regarding possible stressors in her life, at which point Mrs Mohammadi mentioned stress within her marriage. However, she did not talk about domestic abuse and the consultant did not explore the issues further. The consultant stated that he did not have any concerns regarding Mrs Mohammadi being the victim of possible domestic abuse and that the issue did not require any further response from the hospital other than to share this information with her GP. A letter was sent to Mrs Mohammadi's GP practice in Bolton that included a comment that she had mentioned '*significant marital problems at home*'.
- 5.17 Bolton Primary Care Psychological Therapy Services [PCPTS] had contact with Mr and Mrs Mohammadi. Mr Mohammadi was referred by his GP in 2007 for '*anxiety/anger*' and an appointment made for him to attend; there is no record that he did so. It appears from the records that it was Mrs Mohammadi who made all the contact with PCPTS on behalf of Mr Mohammadi.
- 5.18 Mrs Mohammadi was referred to PCPTS by her GP on two occasions during the period of this review. Firstly in 2011 for '*low mood and stress related symptoms relating to Mr Mohammadi being in Iran and feeling her life was on hold and worries about the future of her marriage*'. The PCPTS records show that no risks were identified by the referring GP. A letter was sent to Mrs Mohammadi requesting she contact the service to book an appointment. As no contact was made by her she was discharged.
- 5.19 The second referral was in 2012 for '*low mood/anxiety and concerns over family relationships*'. She was seen and no risks were identified either to herself or from others. Mrs Mohammadi described to PCPTS that she felt as if her family was falling apart. In the absence of a mental disorder it was felt more appropriate that these issues be dealt with through counselling. Mrs Mohammadi was signposted to the voluntary sector counselling services but there is no record of her having visited any. A summary of the assessment was sent to her GP and Mrs Mohammadi had no further contact with PCPTS.
- 5.20 Mr and Mrs Mohammadi were both registered with the same GP Practice. In 2008, Mr Mohammadi was asked to leave the practice because of repeated verbal abuse and aggression to the staff. Subsequently, he registered with another GP Practice. Both parties were seen regularly by their GP and therefore only those consultations considered relevant to this DHR are

discussed in this report. The author one of the Individual Management Reviews (IMR) submitted to the panel is a GP.

- 5.21 The IMR author reviewed medical records and spoke to the GPs in order to compile the report. The author concluded that Mrs Mohammadi had presented as articulate, fluent in English and 'westernised'; dressing in western clothing, make up and always well presented. While both were registered at the same GP Practice Mrs Mohammadi was always accompanied by Mr Mohammadi after which she visited alone. Mrs Mohammadi had an above average attendance although this is not unusual in this practice according to the partner GPs. In the last twelve months of her life she was seen by a GP on sixteen occasions, eight of which were within three months of her death. This compares to seven consultations in the preceding twelve months. The national average is approximately six consultations per year.
- 5.22 The IMR author is of the opinion that Mrs Mohammadi had a confiding relationship with her GP who was aware that Mr Mohammadi was controlling in their marriage and she told her GP that she had requested a divorce from Mr Mohammadi but that he had refused. The GP believes Mr Mohammadi controlled her finances but spent long periods of time with his family in Iran where he wished to return but Mrs Mohammadi did not. It is believed by the GP that Mr Mohammadi took money from their joint resources to support his family in Iran, leaving her to struggle with bills in the UK.
- 5.23 Mrs Mohammadi consulted her GP about stress in 2012 when it is recorded that she was *'..bullied by her husband, rift between her and sons, socially isolated, PCMH didn't understand. Advised CAB and solicitor'*. The IMR author notes there was no follow up to this presentation at a subsequent consultation three months later.
- 5.24 In the twelve months prior to her death Mrs Mohammadi had six further consultations for unexplained episodes of pain in the back [two episodes] knee and wrist. Significantly one of these consultations was for stress symptoms and is recorded as *'worsening stress at home, not sleeping'*.
- 5.25 Having reviewed the matters, and in hindsight, the author states that Mrs Mohammadi's symptoms were dealt with on a physical basis and that she underwent multiple investigations and presented frequently with symptoms directly attributable to domestic stress.
- 5.26 Mr Mohammadi was known at both GP surgeries and spoke fluent English. He is recorded as having an intake of two units of alcohol per week. In 1989 a letter supplied to Mrs Mohammadi's GP noted that a specialist at Royal Bolton Hospital had refused to see Mrs Mohammadi *'because of her husband's abusive behaviour'*. In 2001 and 2002 Mr Mohammadi had consultations with his GP which related to stress symptoms. The first of these was recorded as *'stress following armed robbery'*. The second consultation relates to *'stress-father CVA in Iran'* [CVA Cerebrovascular Accident - Stroke].

5.27 In 2011, Mr Mohammadi visited his GP and it is recorded that he was '*confrontational and demanding inappropriate Rx*' [Rx is assumed to mean Px which is the commonly used abbreviation for Prescription]. Later that year Mr Mohammadi consulted a GP concerning the death of his father and towards the end of the year for a '*mental and behavioural disorder*'.

6. COMMENTARY

- 6.1 Mr and Mrs Mohammadi were both born in Iran but had lived in the UK for the majority of their adult lives and had married here 25 years ago. While a close friend of the couple believed they were happily married, there is evidence from disclosures Mrs Mohammadi made as long back as 1989 that there were marital difficulties. Both Mr and Mrs Mohammadi were susceptible to stress and there are a number of occasions when both presented to their GPs with these symptoms.
- 6.2 Following the death of his father in Iran, Mr Mohammadi started to spend extended periods there trying to resolve financial affairs which are said to relate to a large inheritance. He appears to have become consumed by these issues and this may well have started to change his character and could have been the reason why he became aggressive and had mood swings which affected the family dynamics. It may also have been the tipping point that led to the deterioration of his relationship with Mrs Mohammadi, who disclosed on a number of occasions to her GP, and on one occasion to her cardiologist, that she had significant marital difficulties.
- 6.3 Mr Mohammadi's behaviour towards Mrs Mohammadi appears to have become worse during 2012 when she disclosed to her GP that she had been bullied by him and felt socially isolated.
- 6.4 There was a direct disclosure of domestic abuse made by Mrs Mohammadi to her GP in April 2012 which should have led to further questions being asked of her in order to assess the risk she faced from Mr Mohammadi and to ensure appropriate protective measures were in place. There were a number of further presentations by Mrs Mohammadi to her GP with symptoms that, on further investigation, could have led to the exploration of domestic abuse and her identification as a victim.
- 6.5 Despite the GP Practice being aware that Mr Mohammadi was controlling, and emotionally and financially abusive towards her, Mrs Mohammadi was never explicitly asked if she perceived herself as abused nor was she asked about any physical violence within the relationship. She was never offered a referral to any specialist domestic abuse services. This was a missed opportunity, probably due to an absence of any domestic abuse and violence policies, or a risk assessment policy and a lack of training. The implementation of domestic abuse and violence policies, including risk assessment together with enhanced training, would be beneficial to improve understanding of domestic abuse within the GP Service.
- 6.6 The panel believes that a lack of cultural awareness also played a part in these events. Mrs Mohammadi was not like many of the patients who presented at the practice with signs of domestic abuse. She was educated, intellectually capable, and presented as smartly dressed, westernised and articulate. She did not appear to present as a victim, but rather someone who could stand up for herself. However, it needs to be taken into consideration that a woman who is articulate and educated may still suffer

violence and may not present herself as vulnerable. Particularly, for someone from an Iranian background and marriage, there were factors and issues which may not have been fully understood and therefore led to direct questions not being asked.

- 6.7 Mr Mohammadi made fewer presentations to his GP services. His presentations with symptoms that could have been indicative of relationship problems were also not adequately explored. Because Mrs Mohammadi and Mr Mohammadi consulted GPs at separate practices there were no opportunities to share information informally which could have led to a better understanding of the deteriorating relationship between the couple and consequently greater opportunities to identify the risks to Mrs Mohammadi.
- 6.8 The illness of Mrs Ahmedi and the desire by Mrs Mohammadi for her to spend time at the marital home may have increased the pressures on the relationship between the couple. There is an abundance of evidence from friends, colleagues and family that Mr Mohammadi 's behaviour deteriorated around this time and Mrs Mohammadi disclosed many times that she was a victim of domestic abuse at the hands of her husband; including being hit over the head with a pan. It is clear she wanted to leave Mr Mohammadi and set up home elsewhere. In the last few days of her life she told friends and family that she wanted to end the marriage and it is highly probable that she also said this to Mr Mohammadi at some point proximate to her death. There are a number of documented occasions on which Mr Mohammadi threatened to kill both her and her sons and on one occasion used the phrase *'You leave me, I will kill you and kill myself'*. It is well documented that women are at heightened risk at the point of, or just after separation, and this was most definitely the case with Mrs Mohammadi.
- 6.9 The investigation into the fire at Address 1 was thorough and underpinned by substantial scientific and eye witness testimony. The Coroner found that Mrs Mohammadi and Mrs Ahmedi had been unlawfully killed and recorded an open verdict on Mr Mohammadi. It is not within the legal power of Coroners to attribute blame for a death and consequently no finding was given as to who unlawfully killed Mrs Mohammadi and Mrs Ahmedi. Greater Manchester Police have recorded that Mrs Mohammadi and Mrs Ahmedi were murdered and that Mr Mohammadi was responsible.

7. LESSONS IDENTIFIED

- 7.1 Agencies' lessons appear as actions in the Action Plans at Appendix B.
- 7.2 The DHR Panel's Lessons Learned are listed below. Each lesson is preceded by a narrative.

1. Narrative:

On a number of occasions Mrs Mohammadi gave information to her GP that should have been recognised as signs of domestic abuse and she was not asked direct questions which may have revealed more information.

Lesson:

More training around domestic abuse and cultural issues could encourage GPs to ask direct questions about this information which may present opportunities to take positive action to address the needs of victims.

1. Narrative:

Neither GP practice could evidence a current domestic abuse/violence policy was in place. Although some GP surgeries do have overarching practice safeguarding policies it is not clear whether this was the case at the time in either surgery. Neither surgery made use of a risk assessment model. Consequently there was poor awareness of the concept of risk and no mechanism for assessing the level of risk that Mrs Mohammadi faced or Mr Mohammadi presented.

Lesson:

Failure to understand and assess risk means that identified victims continue to face danger without the benefit of an appropriate risk management plan.

2. Narrative:

Friends, family, acquaintances and colleagues of Mrs Mohammadi and Mr Mohammadi held facts which could have helped identify domestic abuse and violence and identified increasing levels of risk to Mrs Mohammadi from Mr Mohammadi. It does not appear they knew the value of these facts nor how to help Mrs Mohammadi deal with the abuse, violence and threat she faced.

Lesson:

There is a need to provide publicly available information about the signs of domestic abuse and violence and the risks to victims and how those who come into possession of facts that indicate it is happening can either help the victim or share the information with agencies.

8. **PREDICTABILITY/PREVENTABILITY**

- 8.1 The Panel considered whether the homicide of Mrs Mohammadi and Mrs Ahmedi could have been predicted and/or prevented. It is clear that there was an opportunity to delve more deeply into the disclosures made by Mrs Mohammadi to her GP and this could have led to an increased understanding of the relationship between Mr and Mrs Mohammadi. Whether such a process would have revealed that Mrs Mohammadi and Mrs Ahmedi faced a risk is open to doubt; it would be conjecture to conclude that further enquiry into any disclosure made by Mrs Mohammadi could have led any agency to believe that Mr Mohammadi posed them a medium or high risk of serious injury or death.
- 8.2 Mrs Mohammadi had contact with a number of other agencies such as the Citizens Advice Bureau and the University of Bolton and did not make disclosures to them, nor provide information that might have led to a belief that she was a victim of domestic abuse or violence. Therefore it is the view of this panel that, regarding all agencies concerned with the Victims and based upon the information they had, the homicide of Mrs Mohammadi and Mrs Ahmedi was neither predictable nor preventable.

9. RECOMMENDATIONS

9.1 The recommendations appear in the Action Plans at Appendix B

Appendix 'A'

Definitions

Domestic Violence

1. The definition of domestic violence and abuse as amended by Home Office Circular 003/2013 came into force on 14.02.2013 is:

"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

Recommendation 1

Be Safe Bolton Strategic Partnership to consider ways in which friends, colleagues and families can better understand the risk factors and indicators in relation to domestic abuse and violence and are provided with clear and simple advice in relation to the action they can take to reduce risk and harm to someone they suspect is at risk of domestic abuse or violence as well as HBV, forced marriage and Female Genital Mutilation (FGM).

Key Actions	Evidence	Key Outcomes	Lead Officer	Date
<p>1.1 The Domestic Abuse & Violence Partnership to develop a bespoke campaign aimed at raising awareness of domestic abuse and violence, as well as HBV, forced marriage and Female Genital Mutilation (FGM) amongst family and friends so that they are better placed to offer support and advice.</p>	<p>Targeted campaign in place covering:</p> <ul style="list-style-type: none"> • Domestic Violence Disclosure Scheme • Materials and resources available and in place • Progress recorded in the Domestic Abuse & Violence Strategy Action Plan 	<p>Enhanced awareness amongst friends and families, including an increase in the number of requests made under the Domestic Violence Disclosure Scheme</p>	<p>Nick Maher</p> <p>LOCAL SCOPE</p>	<p>March 2017</p>

Recommendation 2

Be Safe Bolton Strategic Partnership to engage with private sector employers in their area so as to raise awareness amongst employers, managers and their staff about the need to recognise the indicators of Domestic Abuse and what to do if they suspect it is happening, and to encourage employers to have policies or procedures in place for handling disclosures about, or suspicions of, Domestic Abuse and violence as well as HBV, Forced Marriage and FGM within their workplaces.

Key Actions	Evidence	Key Outcomes	Lead Officer	Date
2.1 Develop links with the Bolton Chamber of Commerce to promote the 'Corporate Alliance' resources for businesses 2.2 Identify toolkits to raise awareness about DV as well as HBV, Forced Marriage and FGM with employers e.g.: Public Health's 'Violence Toolkit for Businesses' and utilise these locally.	<ul style="list-style-type: none">• Businesses sign-up to the Corporate Alliance pledge and run campaigns within their organisations.• Progress recorded in the Domestic Abuse & Violence Strategy Action Plan	Improved policies and practices in place within local businesses to support employees that are suffering domestic abuse and violence.	Nick Maher LOCAL SCOPE	March 2017

Recommendation 3

Be Safe Bolton Strategic Partnership to explore opportunities to improve awareness of domestic abuse amongst communities in general and Black Asian Minority Ethnic Refugee (BAMER) communities in particular through tactics such as printing leaflets in community languages, and group work including women only sessions, improve access to specialist advice to improve empowerment and help build confidence.

Key Actions	Evidence	Key Outcomes	Lead Officer	Date
3.1 Develop targeted campaigns with the aim of raising awareness amongst BAMER and marginalised communities 3.2 16 Days of Activism Against Gender Violence – theme of campaign: BAMER & marginalised groups 3.3 Contribute to any GM-wide targeted themed campaigns	<ul style="list-style-type: none">• Design and production of targeted campaigns• Groups identified and awareness sessions booked and delivered by• Task and Finish Group established and 16 Days Campaign Programme developed	Enhanced awareness amongst BAMER and marginalised communities about how to access support for domestic abuse and violence.	Nick Maher LOCAL/REGIONAL SCOPE	Jan 2017

Recommendation 4

Be Safe Bolton Strategic Partnership to coordinate collaboration between primary care and third sector organisations specialising in Domestic Abuse, to create enhanced identification by GP's of Domestic Abuse Indicators and improved pathways from GPs to specialised Domestic Abuse Services

Key Actions	Evidence	Key Outcomes	Lead Officer	Date
4.1 The Domestic Abuse & Violence Partnership to continue to work with the Clinical Commissioning Group in fully implementing the IRIS project across all General Practice in Bolton and ensure IRIS project includes raising awareness of all types of violence against women and girls including 'Honour' Based Violence, Forced Marriage and Female Genital Mutilation (FGM)	<ul style="list-style-type: none">• Continued funding for IRIS in place• Session 1 and 2 IRIS training delivered to all GPs• The number of referrals from GPs increases.	All GPs trained under the IRIS project and are making referrals to Advocate Educators based on disclosures.	Nick Maher LOCAL/REGIONAL SCOPE	January 2017

General Practitioner Services - Bolton Clinical Commissioning Group – Single Agency Action Plan

No	Recommendation	Key Actions	Evidence	Key Outcomes	Lead Officer	Date
1	Training for GPs and their staff about risk factors for DVA and available resources	<ul style="list-style-type: none"> - Delivery of IRIS training - training about MARAC process - improve understanding around confidentiality in safeguarding - CCG safeguarding policy easily available to GP practices 	<ul style="list-style-type: none"> - Attendance at initial training and of regular updates, to be available to CCG /CQC - Practice has either their own procedure or adopts CCG procedure for managing disclosed domestic abuse 	Increased referrals from primary care to specialist DVA services, leading to better outcomes for those affected, along with victim and staff empowerment	<p>Pam Jones</p> <p>Associate Director of Safeguarding/ Designated Nurse Safeguarding</p> <p>NHS Bolton CCG</p>	27th Jan 2016
2	Practices should have a clear, simple guide to safeguarding people at risk of domestic abuse	Practices should have a procedure to identify, support and manage people experiencing Domestic abuse, including access to a reputable risk assessment tool	This procedure should be available for inspection by CCG/CQC	Referral process clear and standardised, easily available to all staff	<p>Charlotte Mackinnon</p> <p>Named GP</p> <p>NHS Bolton CCG</p>	1st March 2016

3	Practices should recognise the links between DVA and safeguarding children and young people	Practices should have a safeguarding lead and meet regularly to discuss safeguarding issues Where possible this should include multiagency representation (CCG safeguarding lead, HV, DVA advocate/educator)	Minutes of meetings, along with actions identified and evidence of implementation	Better communication between agencies and clinicians Increased awareness and intervention for children at risk of emotional abuse	Pam Jones Associate Director of Safeguarding/ Designated Nurse Safeguarding NHS Bolton CCG	January 2017
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Guys and St Thomas' NHS Foundation Trust– Single Agency Action Plan

No	Recommendation	Key Actions	Evidence	Key Outcomes	Lead Officer	Date
1	To raise the awareness of clinicians of their role in offering locally available support to people who disclose domestic abuse through safeguarding adults training	Issue to be raised as a discussion topic within Safeguarding Adults Training –On Trust Induction for all new staff, on mandatory training updates for all medical, nursing and therapy staff	Training Materials	Increased awareness of indicators of potential domestic abuse. Increased referrals to Trust Domestic Abuse advice & support services	Mala Karasu – Trust Safeguarding Adults Lead/ Trainer	30/06/14 and ongoing

